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## APPLICANTS

Robertus H. P. F. Schaap, Binningen, SWITZERLAND;  
 Florian Kaufmann, Sissach, SWITZERLAND;  
 Rainer Kueschall, Sissach, SWITZERLAND;

(a2)

\*\* CONTINUING DATA \*\*\*\*\*

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>A. Z. Jackson</u> Examiner's Signature	<u>(a2)</u> Initials			

## ADDRESS

001444

## TITLE

Front-wheel support for a wheel chair

<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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